			Filing Fee \$80.00
LIM	AITED L	IABILITY COMPANY	
	STA	TE OF MAINE	
RI	OF I	ED CERTIFICATE FORMATION r a Maine LLC)	Deputy Secretary of State
as it :		Limited Liability Company te record of the Secretary of State)	A True Copy When Attested By Signature
			Deputy Secretary of State
Pursuant to 31	MRSA §1:	532, the undersigned limited liability compar	ny delivers the following restated certificate of formation:
FIRST:	The nar	me of the limited liability company has been	changed to (if no change, so indicate):
			ords "limited liability company" or "limited company" or the abbreviation limited liability company, "L3C" or "l3c" – see 31 MRSA 1508)
SECOND:	The dat	te of filing of the initial certificate of formation	on:
THIRD:	Designa	ation as a low profit LLC (Check only if ap	plicable):
		This is a low-profit limited liability companies:	any pursuant to 31 MRSA §1611 meeting all qualifications set forth
		A. The company intends to qualify as a le	ow-profit limited liability company;
		or educational purposes within the r	icantly further the accomplishment of one or more of the charitable neaning of Section 170(c)(2)(B) of the Internal Revenue Code of or succeeded, and must list the specific charitable or educational
		fact that a person produces significa-	ny is the production of income or the appreciation of property. The ant income or capital appreciation is not, in the absence of other significant purpose involving the production of income or the
			eccomplish one or more political or legislative purpose within the laternal Revenue Code of 1986, or its successor.
FOURTH:	Designa	ation as a professional limited liability comp	any (Check only if applicable):
		This is a professional limited liability complete following professional services:	pany* formed pursuant to 13 MRSA Chapter 22-A to provide the

FIFTH:	The Registered Agent is a: (select either a Commercial or Noncommercial Registered Agent)					
		Commercial Registered Agent	CRA Public Number:			
		(name of commercial registered agent)				
		Noncommercial Registered Agent				
		(name of noncommercial registered agent)				
		(physical location, not P.	O. Box – street, city, state and zip code)			
		(mailing addi	ess if different from above)			
SIXTH:	Pursuant to 5 MRSA §§105.2 or 108.3, the registered agent as listed above has consented to serve as the register agent for this limited liability company.					
SEVENTH:	Other n	natters the members determine to include are	set forth in the attached Exhibit, and made a part hereof.			
**Authorized	Person(s)		Dated:			
	(sig	nature)	(type or print name and capacity)			
	(sig	nature)	(type or print name and capacity)			
(signature)			(type or print name and capacity)			
_	-	al service limited liability companies are acom inclusive list – see 13 MRSA §723)	countants, attorneys, chiropractors, dentists, registered nurses and			
**Pursuant to 3	31 MRSA §	1676.1B, this statement MUST be signed by	a person authorized by the limited liability company.			
The execution	of this certi	ficate constitutes an oath or affirmation under	the penalties of false swearing under 17-A MRSA §453.			
Please remit yo	our payment	made payable to the Maine Secretary of Stat	e.			
Submit comple	ted form to	Secretary of State Division of Corporations, UCC a	and Commissions			

Augusta, ME 04333-0101

Telephone Inquiries: (207) 624-7752

Email Inquiries: CEC.Corporations@Maine.gov

Filer Contact Cover Letter

Department of the Secretary of State Division of Corporations, UCC and Commissions 101 State House Station Augusta, ME 04333-0101	Tel. (207) 624-7752
Name of Entity (s):	
List type of filing(s) enclosed (i.e. Articles of Incorporation, Articles of Me of Correction, etc.) Attach additional pages as needed.	rger, Articles of Amendment, Certif
Special handling request(s): (check all that apply) Hold for pick up Expedited filing - 24 hour service (\$50 additional fili	
Expedited filing - Immediate service (\$100 additional Total filing fee(s) enclosed: \$ Contact Information – questions regarding the above filing(s), p contact name and telephone number or email address will result in the return of the erroned	olease call or email: (failure to pr
(Name of contact person)	Daytime telephone number)
(Email address)	
The enclosed filing(s) and fee(s) are submitted for filing. Please return the address:	attested copy to the following
(Name of attested recipient)	
(Firm or Company)	
(Mailing Address)	
(City, State & Zip)	